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Early Learning Sensory Support Program - Visual Impairment 2020/2021 Request for Services Form

Child's Name:	DOB:
Sex: Male Female Race:	County:
Parents' Names:	
Cell phone: Home:	Work:
Primary Language of Parent:	Child:
Interpreter needed: Yes No	Translation needed: Yes No
If child is in legal custody of someone other than th	ne person with whom he/she lives, complete the following:
Legally Responsible Party:	Phone:
Address:	
REQUEST FOR SERVICES SOURCE AND CONCE	RNS:
Local Education Agency Making Request:	
Contact Person:	Phone:
 Fax: E-mail:	
	Address:
	Address:
	e Date: Address:
Other:	
SERVICES BEING REQUESTED (Please check all SDI for Vision: Frequency and Intensity:	that apply): Address:
	Address:
	ner of the Visually Impaired Frequency and Intensity:
	O&M Specialist Frequency and Intensity:
ESY Services: Frequency and Intensity:	Address:
Other:	
Signature of Local Education Agency Repress	entative Date

After review of current program capacity ELSSP will inform the Local Education Agency of its decision to accept or decline request within 14 days of its receipt.

EXCEPTIONAL CHILDREN DIVISION EARLY LEARNING SENSORY SUPPORT PROGRAM

Sherry H. Thomas, Director | sherry.thomas@dpi.nc.gov 6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3497 | Fax (919) 733-1873 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Accepted	Declined
Signature of ELSSP Lead Contact	Date